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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Attorney Docket No.</td><td colspan="2">STL 3244</td></tr><tr><td colspan="2">First Inventor</td><td colspan="2">Jeffrey Arnold LeBlanc</td></tr><tr><td>Title</td><td colspan="3">Hydraulic Compensation for Magnetically Biased Fluid Dynamic Bearing Motor</td></tr><tr><td colspan="2">Express Mail Label No.</td><td colspan="2">EV 323 863 719 US</td></tr></table>		Attorney Docket No.		STL 3244		First Inventor		Jeffrey Arnold LeBlanc		Title	Hydraulic Compensation for Magnetically Biased Fluid Dynamic Bearing Motor			Express Mail Label No.		EV 323 863 719 US												
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<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Mail Stop: Box Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																												
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <span style="border: 1px solid black; padding: 0 5px;">15</span>]</span> <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <span style="border: 1px solid black; padding: 0 5px;">6</span>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Pages <span style="border: 1px solid black; padding: 0 5px;">2</span>]</span> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>																												
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Continuation</td><td><input type="checkbox"/> Divisional</td><td><input type="checkbox"/> Continuation-in-part (CIP)</td><td>of prior application No: _____ / _____</td></tr><tr><td colspan="3">Prior application information: Examiner _____</td><td>Group / Art Unit: _____</td></tr></table> <p><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>				<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____ / _____	Prior application information: Examiner _____			Group / Art Unit: _____																			
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<p style="text-align: center;"><b>17. CORRESPONDENCE ADDRESS</b></p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Customer Number or Bar Code Label</td><td style="text-align: center;">36521 <small>(Insert Customer No. or Attach bar code/label here)</small></td><td>or <input type="checkbox"/> Correspondence address below</td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4">Name</td></tr><tr><td colspan="4"> </td></tr><tr><td colspan="4">Address</td></tr><tr><td colspan="4"> </td></tr><tr><td>City</td><td>State</td><td>Zip Code</td><td> </td></tr><tr><td>Country</td><td>Telephone</td><td>Fax</td><td> </td></tr></table>				<input type="checkbox"/> Customer Number or Bar Code Label	36521 <small>(Insert Customer No. or Attach bar code/label here)</small>	or <input type="checkbox"/> Correspondence address below	Name								Address								City	State	Zip Code		Country	Telephone	Fax	
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop: Box Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p>		<b>Complete if Known</b>	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 790		Application Number Unassigned	Filing Date Herewith
		First Named Inventor Jeffrey Arnold LeBlanc	Examiner Name Unassigned
		Group / Art Unit Unassigned	Attorney Docket No. STL 3244

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																										
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="margin-top: 10px;">                 Deposit Account Number: 20-0782/STL 3244                  Deposit Account Name: Moser, Patterson &amp; Sheridan, LLP             </div> <p><b>The Commissioner is authorized to: (check all that apply)</b>  <input checked="" type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.             </p>	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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103	18	203	9	Claims in excess of 20																																																																																																																																																																																							
102	84	202	42	Independent claims in excess of 3																																																																																																																																																																																							
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																																																							
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																																																							
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																							
<b>SUBTOTAL (2)</b>					<b>(\$ 0)</b>																																																																																																																																																																																						

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James A. Sheridan	Registration No. Attorney/Agent	25,435
Signature		Telephone	650-330-2310
		Date	6.23.03